

Schedule J
(Form 990)**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**2016****Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
Clinicas Del Camino Real

Employer identification number

95-2977147

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Antonio Alatorre COO	(i) 240,651 ----- (ii) -----	18,464 -----	446,537 -----	15,740 -----	6,250 -----	727,642 -----	-----
2 Christina M Velasco CFO	(i) 256,779 ----- (ii) -----	10,924 -----	913,762 -----	16,727 -----	6,250 -----	1,204,442 -----	-----
3 Fred Deharo COO	(i) 237,590 ----- (ii) -----	1,000 -----	-----	-----	6,250 -----	244,840 -----	-----
4 Gagan Pawar Medical Director	(i) 250,969 ----- (ii) -----	1,500 -----	-----	14,195 -----	6,250 -----	272,914 -----	-----
5 Jaspreet Bal Dental Director	(i) 153,032 ----- (ii) -----	2,250 -----	-----	9,595 -----	-----	164,877 -----	-----
6 Kelly Lynn Bennett Human Resources Director	(i) 149,497 ----- (ii) -----	3,468 -----	-----	9,800 -----	6,250 -----	169,015 -----	-----
7 Menashe Ehrenburg Physician	(i) 340,143 ----- (ii) -----	1,500 -----	-----	13,018 -----	-----	354,661 -----	-----
8 Rafael Diaz CIO	(i) 201,980 ----- (ii) -----	35,067 -----	-----	13,664 -----	-----	250,711 -----	-----
9 Roberto S Juarez CEO	(i) 437,257 ----- (ii) -----	641,179 -----	-----	18,550 -----	12,500 -----	1,109,486 -----	-----
10 Ta Thuc Ngu Dinh Physician	(i) 318,989 ----- (ii) -----	1,500 -----	-----	12,704 -----	-----	333,193 -----	-----
11 Tihelle L Walkousky Physician	(i) 321,038 ----- (ii) -----	1,000 -----	-----	12,030 -----	-----	334,068 -----	-----
12 Todd Wayne Monroe Physician	(i) 321,587 ----- (ii) -----	1,500 -----	-----	12,805 -----	-----	335,892 -----	-----
13 Yasmin Sarafzadeh Physician	(i) 308,934 ----- (ii) -----	1,500 -----	-----	12,373 -----	-----	322,807 -----	-----

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a: Relevant information in regards to selections on 1a.	

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Additional Data

Return to Form